WHOLE HEALTH: CHANGE THE CONVERSATION
Advancing Skills in the Delivery of Personalized, Proactive, Patient-Driven Care

There Is Enough Time to Write Health Plans
Clinical Tool

This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.
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Inevitably (and understandably), one of the first questions clinicians ask when they take the in-person Whole Health program is, “How much more time will this take me?” This is understandable because it is difficult to see patients, serve on committees, deal with reminders and metrics, and still manage to find a good balance between work and other aspects of life, including self-care. When you have had a busy day, your computer screen is flooded with metrics, and you are already behind schedule, it would be virtually impossible to review a Personal Health Inventory (PHI) in depth or create an elaborate Personal Health Plan (PHP).

We know that clinicians who are rushed are less likely to offer personalized, proactive, and patient-driven care. It is also known that physicians with high-volume practices and shorter visit lengths prescribe more drugs. Shorter interviews contain less prevention and health-promotion activity as well. That said, physicians with high-volume practices schedule more follow-up visits. There is a mindful awareness piece to this. You must be able to pause and recognize when you are reaching for a prescription pad or relying on a “quick fix” because of the time pressures you are under. What if there were other, equally efficient actions you could take that allowed you to bring Whole Health more into the equation?

How much time one can give to a Whole Health visit will vary from clinician to clinician. Of course, it would be ideal to have an hour or more for a Whole Health visit. However, even in 5-10 minutes in the emergency department or during an acute-care visit, it is possible to offer a few quick suggestions. Moreover, if a patient is a part of a team with members who communicate well with each other, Whole Health care can understood as a group effort that saves time for any given individual clinician. Imagine if each patient had a health coach who could work out the details of the PHP and help the patient follow through with action steps and goals that the coach and the patient set together.

Whole Health is much more a matter of perspective than a matter of how much time is available. “Changing the conversation” need not be synonymous with “changing the length of the conversation.” Simply shifting the focus of the visit—what you choose to talk about—can change everything.

Here are some suggestions (based on hard-won experience) that we recommend you keep in mind:

- **Set the agenda**
  Set the agenda right from the start of the visit. The average patient has three concerns to address during a primary care visit, despite the fact that he or she is
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often asked to identify just one when the visit begins. It is worth it to check early
on—not when your hand is on the door—what your patient’s concerns are for the
day. Some clinicians will set a three-concern limit with their questions. As a 2007
study explored in detail, by simply asking the question, “Is there something else?”
versus “Is there anything else?” unmet concerns were decreased by 78%, which no
doubt correlated with greater patient satisfaction with the visit.

Although we all dread long written lists, they do have a number of
advantages. First, they are testimony that the patient is engaged in
his or her health care and in the visit, since the patient has taken
some time to think ahead and write down his or her concerns.
Second, a list makes it easier to negotiate what is reasonable to
cover at this particular visit. You don’t have to spend time
uncovering the patient’s agenda because the patient has penned it
out for you. In my personal experience, people with written lists
rarely fail to identify otherwise hidden concerns. Finally, the list
provides an opportunity to compliment the patient on his or her
efforts, which helps to build your relationship. The conversation
could start this way: “I see you have a list today. I am pleased you
have thought ahead about what we might cover at our appointment.
Let’s take a minute to look at the list together and make sure we
cover the most important items today.”

- **Prioritize**
  Come up with just a few priorities to focus on first in the health plan. Yes, you want
patients to achieve their missions, and yes, there are likely at least 10 things you
could suggest right now to help them do it, but it is okay to introduce these
gradually. People often do better if you change one variable at a time in their
treatment. Which of those 10 things rise to the top of your list of priorities? You can
even choose just that “one thing” that strikes you and the patient as most important.

- **Take small steps**
  Research tells us that even small steps can bring about significant health
improvements. For example:
  - A 2%-5% weight loss can significantly reduce cardiovascular risk and risk of
developing diabetes.
  - A 5 mmHg drop in blood pressure makes a significant difference in
    outcomes.
  - 15-30 minutes of brisk walking can lower heart disease risk by 10%.
  - When the major health protective behaviors are evaluated, few Americans
    are ever found to be following them. Only 3% of American adults meet the
    four key goals of being a nonsmoker, being physically active, being at a
    healthy weight, and eating five-plus servings of fruits and vegetables a day.
Picking one of those four items alone can make a big difference in overall
health.
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It is okay to keep the plan simple. Set people up for success. It is also okay to make it very elaborate, if you think that is what someone needs. Again, it is about personalizing the scope of the health plan as much as you personalize the recommendations it contains. Research suggests that changing just one behavior may have a positive influence on many others, so don’t underestimate the power of even the shortest PHPs.

- **Use SMART goals**
  “SMART” stands for Specific, Measurable, Action Oriented, Realistic and Timed. SMART goals are featured heavily in many VA programs. For a quick overview, see the SMART Goals section of the El Paso VA Health Care System website: [http://www.elpaso.va.gov/ELPASO/features/SMART_Goals.asp](http://www.elpaso.va.gov/ELPASO/features/SMART_Goals.asp).

- **Make good use of follow-up visits**
  Consider choosing a different component of Whole Health each time. It can even become a routine part of a physical examination. Continuity makes a significant contribution to a therapeutic relationship, as was noted in the module Gathering Information.

- **Make use of shortcuts**
  Clinical tools (such as the ones created for the Whole Health curriculum), patient handouts, and insertable text for electronic, medical record–generated patient information can all help save time.

- **Take advantage of the team approach**
  You are right. Unless you have a lot of time, you cannot and should not try to cover every area of the Components of Proactive Health and Well-Being in one visit. One person’s Whole Health care is not a solo endeavor for any one clinician; even if you happen to be the person who knows the patient best and sees her or him most often. Outline the main parts of the PHP, then have others on your team teach the patient more about tools that can be used. For example, you could tell Bob you would like him to learn some breathing exercises, but then you can have your medical assistant teach him how to do them and provide handouts or other readings to support his learning.
The 5-Minute Personal Health Plan

1. Take 1 minute to review the Personal Health Inventory. (If you would like, you can use the PHI for Bob, the sample patient from the introductory modules.)
   - What is most salient to you?
   - What does he seem to care about most?

2. Take 1 minute to think about the patient’s mission. In one sentence, how would you summarize it?

3. Now, with the mission statement in mind, spend just 3 minutes, writing out the top three suggestions you would make for the Personal Health Plan.
   - Notice your thought process as you write those suggestions.
     - How did you decide on priorities?
     - Were your choices based on areas you feel you know the most about?
     - Were they based on your knowledge of the research, your instincts, or some combination of the two?
     - What other factors came into play?
   - Consider your beliefs about how you spend time in your practice. Do you assume that the amount of time you spend always correlates with the quality of the visit/conversation?

You have just created a health plan in only 5 minutes!

4. Consider how you would discuss the plan with Bob.
   - Recognizing that Bob (and perhaps family and friends) would weigh in on the content of the plan as well, how can you most efficiently discuss the plan you have created?
   - If you were pressed for time, how might you use handouts, reading materials, referrals, or the assistance of others in your clinic to streamline the planning process?

Speaking from experience, we can tell you that it is entirely possible to complete a 15-minute visit and feel that Whole Health was addressed well. Knowing the patient well streamlines things, as does having great communication with the rest of the patient’s team.
This clinical tool was written by J. Adam Rindfleisch, MPhil, MD, Associate Professor and Director of the Academic Integrative Medicine Fellowship Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health, and Assistant Director and faculty for the VHA Whole Health: Change the Conversation clinical program.

References